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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7434

SERIAL NUMBER 09/085,820	FILING DATE 05/28/1998  RULE	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. CTCH-P02-006
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## APPLICANTS

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/18/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 37
Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials				

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## TITLE

ARTERY-AND VEIN-SPECIFIC PROTEINS AND USES THEREFOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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